

11/10  
8/10

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>LMF</i>	5-7	11/5/10
<b>O.I.P.E. CLASSIFIER</b>		830	11/11
<b>FORMALITY REVIEW</b>	<i>LMF</i>	1-7718	8-16-10
<b>RESPONSE FORMALITY REVIEW</b>	<i>LMF</i>		1/24/11

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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